

LSTA Timekeeping Report

Library Name: _____

Project #: _____

Record hours in block of time, e.g., 3.5 hours - rather than time range.

Pay Week	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total
to								
to								
to								
to								
to								
to								
to								
to								
to								
to								

Total Hours _____

x Pay Rate _____

(Transfer to LSTA Reimbursement Request/Invoice Summary form) Total Requested _____

Employee: _____
Printed Signature Date

Supervisor: _____
Printed Signature Date



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